

UNITED STATES BANKRUPTCY COURT
SOUTHERN DISTRICT OF NEW YORK

In re Gino J. Hernandez
Debtor

Case No. 15-12968
Reporting Period: 12/01/2015 - 12/31/2015

Social Security # _____ 3903
(last 4 digits only)

**MONTHLY OPERATING REPORT
(INDIVIDUAL WAGE EARNERS)**

File with the Court and submit a copy to the United States Trustee within 20 days after the end of the month and submit a copy of the report to any official committee appointed in the case.
(Reports for Rochester and Buffalo Divisions of Western District of New York are due 15 days after the end of the month, as are the reports for Southern District of New York.)

REQUIRED DOCUMENTS	Form No.	Document Attached	Explanation Attached
Schedule of Cash Receipts and Disbursements	MOR-1 (INDV)		
Bank Reconciliation (or copies of debtor's bank reconciliations)	MOR-1 (CONT)		
Copies of bank statements		Yes	
Disbursement Journal	MOR-2 (INDV)		
Balance Sheet	MOR-3 (INDV)		
Copies of tax returns filed during reporting period			
Summary of Unpaid Post-petition Debts	MOR-4 (INDV)		
Status of Secured Notes, Leases, Installment Payments	MOR-5 (INDV)		
Debtor Questionnaire	MOR-6 (INDV)	Yes	

I declare under penalty of perjury (28 U.S.C. Section 1746) that the documents attached to this report are true and correct to the best of my knowledge and belief.

Signature of Debtor _____ /s/ Gino Hernandez
Gino J. Hernandez
Signature of Joint Debtor _____

Date 1/28/16

Date _____

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INDIVIDUAL DEBTOR CASH RECEIPTS AND CASH DISBURSEMENTS

(This Form must be submitted for each bank account maintained by the Debtor)

Amounts reported should be per the debtor's books, not the bank statement. The beginning cash should be the ending cash from the prior month or, if this is the first report, the amount should be the balance on the date the petition was filed. Attach the bank statements and a detailed list of all disbursements made during the report period that includes the date, the check number, the payee, the transaction description, and the amount. A bank reconciliation must be attached for each account. [See MOR-1 (CONT)]

	Current Month Actual	Cumulative Filing to Date Actual
Cash - Beginning of Month	\$20.00	
RECEIPTS		
Wages (Net)	\$1,000.00	
Interest and Dividend Income		
Alimony and Child Support		
Social Security and Pension Income		
Sale of Assets		
Other Income (<i>attach schedule</i>)	\$1,031.25	
Total Receipts	\$2,031.25	
DISBURSEMENTS		
ORDINARY ITEMS:		
Mortgage Payment(s)		
Rental Payment(s)		
Other Secured Note Payments		
Utilities		
Insurance	\$327.80	
Auto Expense		
Lease Payments		
Cable Television	\$230.00	
IRA Contributions		
Telephone Expenses	\$240.00	
Repairs and Maintenance		
Medical Expenses		
Monthly Gas	\$120.00	
Food, Clothing, Hygiene	\$113.45	
Charitable Contributions		
Alimony and Child Support Payments		
Taxes - Real Estate		
Taxes - Personal Property		
Taxes - Other (<i>attach schedule</i>)		
Travel and Entertainment		
Gifts		
Other (<i>attach schedule</i>)		
Total Ordinary Disbursements	\$1,031.25	
REORGANIZATION ITEMS:		
Professional Fees		
U. S. Trustee Fees		
Other Reorganization Expenses (<i>attach schedule</i>)	\$1,031.25	
Total Reorganization Items		
Total Disbursements (Ordinary + Reorganization)		
Net Cash Flow (Total Receipts - Total Disbursements)		

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Cash - End of Month (Must equal reconciled bank statement)	\$20.00
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INDIVIDUAL DEBTOR CASH RECEIPTS AND CASH DISBURSEMENTS
(continuation sheet)

BREAKDOWN OF "OTHER" CATEGORY	Current Month Actual	Cumulative Filing to Date Actual
Other Income		
Family Contributions (MANUEL HERNANDEZ, BRUTHER)	\$1,031.25	
	\$1,031.25	
Other Taxes		
Other Ordinary Disbursements		
Other Reorganization Expenses		

THE FOLLOWING SECTION MUST BE COMPLETED

DISBURSEMENTS FOR CALCULATING U.S. TRUSTEE QUARTERLY FEES: (FROM CURRENT MONTH ACTUAL COLUMN)

TOTAL DISBURSEMENTS	\$1,031.25
LESS: TRANSFERS TO OTHER DEBTOR IN POSSESSION ACCOUNTS	
PLUS: ESTATE DISBURSEMENTS MADE BY OUTSIDE SOURCES (i.e. from escrow accounts)	
TOTAL DISBURSEMENTS FOR CALCULATING U.S. TRUSTEE QUARTERLY FEES	\$1,031.25

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Continuation Sheet for MOR-1

(Bank account numbers may be redacted to last four numbers.)

*"Adjusted Bank Balance" must equal "Balance per Books"

OTHER

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BALANCE SHEET

The Balance Sheet is to be completed on an accrual basis only. Pre-petition liabilities must be classified separately from post-petition obligations.

<i>ASSETS</i>	<i>BOOK VALUE AT END OF CURRENT REPORTING MONTH</i>	<i>BOOK VALUE ON PETITION DATE OR SCHEDULED AMOUNT</i>
SCHEDULE A REAL PROPERTY		
Primary Residence		
Other Property (<i>attach schedule</i>)		
TOTAL REAL PROPERTY ASSETS		
SCHEDULE B PERSONAL PROPERTY		
Cash on Hand		
Bank Accounts		
Security Deposits		
Household Goods & Furnishings		
Books, Pictures, Art		
Wearing Apparel		
Furs and Jewelry		
Firearms & Sports Equipment		
Insurance Policies		
Annuities		
Education IRAs		
Retirement & Profit Sharing		
Stocks		
Partnerships & Joint Ventures		
Government & Corporate Bonds		
Accounts Receivable		
Alimony, maintenance, support or property settlements		
Other Liquidated Debts		
Equitable Interests in Schedule A property		
Contingent Interests		
Other Claims		
Patents & Copyrights		
Licenses & Franchises		
Customer Lists		
Autos, Trucks & Other Vehicles		
Boats & Motors		
Aircraft		
Office Equipment		
Machinery, supplies, equipment used for business		
Inventory		
Animals		
Crops		
Farming Equipment		
Farm Supplies		
Other Personal Property (<i>attach schedule</i>)		
TOTAL PERSONAL PROPERTY		
TOTAL ASSETS		

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[illegible]

In re Gino J. Hernandez Case No. 15-12968
Debtor Reporting Period: 12/01/2015 - 12/31/2015

SUMMARY OF UNPAID POST-PETITION DEBTS

	Number of Days Past Due					Total
	Current	0-30	31-60	61-90	Over 91	
Mortgage						
Rent						
Secured Debt/Adequate Protection Payments						
Professional Fees						
Other Post-Petition debt (<i>list creditor</i>)						
Total Post-petition Debts						

Explain how and when the Debtor intends to pay any past due post-petition debts.

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**POST-PETITION STATUS OF SECURED NOTES, LEASES PAYABLE
AND ADEQUATE PROTECTION PAYMENTS**

NAME OF CREDITOR	SCHEDULED MONTHLY PAYMENT DUE	AMOUNT PAID DURING MONTH	TOTAL UNPAID POST-PETITION
TOTAL PAYMENTS			

INSTALLMENT PAYMENTS

TYPE OF POLICY	CARRIER	PERIOD COVERED	PAYMENT AMOUNT & FREQUENCY

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Case No.
Reporting Period:

DEBTOR QUESTIONNAIRE

Must be completed each month. If the answer to any of the questions is "Yes", provide a detailed explanation of each item. Attach additional sheets if necessary.		Yes	No
1	Have any funds been disbursed from any account other than a debtor in possession account this reporting period?		X
2	Is the Debtor delinquent in the timely filing of any post-petition tax returns?		X
3	Are property insurance, automobile insurance, or other necessary insurance coverages expired or cancelled, or has the debtor received notice of expiration or cancellation of such policies?		X
4	Is the Debtor delinquent in paying any insurance premium payment?		X
5	Have any payments been made on pre-petition liabilities this reporting period?		X
6	Are any post petition State or Federal income taxes past due?		X
7	Are any post petition real estate taxes past due?		X
8	Are any other post petition taxes past due?		X
9	Have any pre-petition taxes been paid during this reporting period?		X
10	Are any amounts owed to post petition creditors delinquent?		X
11	Have any post petition loans been received by the Debtor from any party?		X
12	Is the Debtor delinquent in paying any U.S. Trustee fees?		X
13	Is the Debtor delinquent with any court ordered payments to attorneys or other professionals?		X



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STATEMENT OF ACCOUNT



214433 06DD1K11 1 110000
GINO J HERNANDEZ
DIP CASE 15-12968 SDNY
6218 MADISON ST APT 7
WEST NEW YORK NJ 07093-1650

Page: 1 of 2
Statement Period: Dec 01 2015-Dec 31 2015
Cust Ref #: ~~XXXXXXXXXX~~ ###
Primary Account #: ~~XXXXXXXXXX~~ 2685

ACCOUNT STATEMENTS TO INCLUDE MORE BILL PAY TRANSACTION INFORMATION

WE'RE IMPROVING THE TRANSACTION DESCRIPTIONS OF PAPER CHECKS SENT FROM TD BILL PAY ON YOUR ACCOUNT STATEMENTS. THE PAYEE NAME IS NOW INCLUDED IN THE DESCRIPTION. IMAGES OF BILL PAY PAPER CHECKS ARE AVAILABLE IN YOUR ONLINE ACCOUNT HISTORY WITH THE OPTION TO PRINT. IF YOU HAVE ANY QUESTIONS, CALL US ANYTIME AT 1-888-751-9000. WE'RE GLAD TO HELP.

Chapter 11 Checking

GINO J HERNANDEZ
DIP CASE 15-12968 SDNY

Account # 431-6842685

ACCOUNT SUMMARY

Beginning Balance	20.00	Average Collected Balance	20.00
		Annual Percentage Yield Earned	0.00%
Ending Balance	20.00	Days in Period	31

DAILY ACCOUNT ACTIVITY

No Transactions this Statement Period

Call 1-800-937-2000 for 24-hour Bank-by-Phone services or connect to www.tdbank.com

Bank Deposits FDIC Insured | TD Bank, N.A. | Equal Housing Lender



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